

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: MICHAEL MAIER, M.D. 1505 LIBERTY STE. 200 RICHMOND, TX. 77469	MFDR Tracking #: M4-09-B557-01
Respondent Name and Box #: AMERICAN CASUALTY CO OF READING REP. BOX # 47	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "THIS CHARGE WAS PAID UNDER THE NON FACILITY AND SHOULD BE FACILITY"

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$31.96
3. CMS 1500
4. EOBs
5. Operative Report

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...Even if this provider's business was disrupted for 60 days, and the 1 year time period was tolled for 60 days, which would have given him until August 14. The MDR was not filed until September 3...."

Principle Documentation:

1. Response to DWC 60
2. Amended response

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
6-14-08	G0289-LT	193,920-002,45,100,113-001,W1, & 663	1, 2, 3, 4, & 5	\$31.73
Total Due:				\$31.73

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.203, titled *Medical Fee Guideline for Professional Services* effective for professional medical services provided on or after March 1, 2008, set out the reimbursement guidelines.

1. This service was reduced/denied by the Respondent with reason codes "193" (original payment decision is being maintained-upon review, it was determined that this claim was processed properly), "920-002" (in response to a provider inquiry, we have re-analyzed this bill and arrived at the same recommended allowance), "45" (charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement), "100" (any network reduction is in accordance with the network referenced above), "113-001" (network import re-pricing; contracted provider), "W1" (workers compensation state fee schedule adjustment), and "663" (reimbursement has been calculated according to state fee schedule guidelines).
2. The Texas Department of Insurance issued Commissioner's Bulletins: #B-0064-08, #B-0066-08, #B-0070-08, and #B-0012-09 as a result of the Governor's Proclamations on Hurricane Ike. The bulletins state that under the disaster circumstances for system participant residents of counties (regardless of where those residents may be currently located), the Texas workers' compensation deadlines for affected counties are tolled through the duration of the Governor's disaster proclamations; workers' compensation claim notification and filing deadlines, medical billing deadlines, and medical and income benefit dispute deadlines. To toll a time period means to stop the running of or abate. MFDR considers timeliness of a fee dispute under Rule 133.307 for the named/affected counties under the Governor's proclamations by tolling the period of time specified for Requestors in the qualifying counties in accordance with the Commissioner's Bulletins.
3. A review of the EOB and of the Requestor's Disputed Table indicates that a payment of \$124.25 has been made on this disputed HCPC code. Requestor states that an additional payment is owed of \$31.96; citing that the carrier applied the incorrect rate/conversion factor. A review of the applicable Rule of 134.203 (b) and (c) (1) identifies that the MAR (maximum allowable reimbursement) amount for this code is \$155.98; therefore, additional monies are owed for this code.
 - G0289: \$66.32 divided by 38.087 x \$89.58 = \$155.98
 - \$155.98 - \$124.25 (paid) = \$31.73
4. The denial/reduction codes used of "45", "100", and "113-001" are unsupported due to the EOB (s) identify that no contract was accessed/applied, as the 'Network Reduction' column lists \$0.00.
5. Per review of Box 32 on the CMS-1500, zip code 77036 is located in Harris County. The maximum reimbursement amount, under Rule 134.203 (b), is determined by locality.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code, Rules 134.1, 134.203, 133.307
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$31.73 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

11-19-09

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.